

Application was submitted in the dean's office:

(Date, signature and stamp of employee of the dean's office accepting application forms)

Appendix no. 12 to
Ordinance no. 157/2024
from 18 September 2024.

..... on:

Surname and first name:
Index no.:
Major:
Specialization:
Level of studies:
Form of studies:
Profile of learning
Date of commencement of studies:
Year of studies:
Telephone/email in the @365.sum.edu.pl
Domain: Address of correspondence:

**Vice-Rector of the
Medical University of Silesia
in Katowice**

APPLICATION

I hereby kindly request
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Justification:

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Appendices:

- 1.
- 2.
- 3.

Student signature

I grant consent/do not grant consent *

Date and signature of authorized person

* delete as appropriate